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UTILITY PATENT APPLICATION **TRANSMITTAL**

J-3602A Attorney Docket No. Robert R. Turvey First Inventor Method and Device For ... Title

(Only for r	Express Mail Label No. ER375955954US									
See MPEP o	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450									
2. Applica See 37 3. Specific (preferr - Descr - Cross - Stater - Referr or a cc - Backg - Brief Brief Detail - Claim	ed arrangement set for iptive title of the invent Reference to Related ment Regarding Fed sence to sequence listing omputer program listinground of the Invention Summary of the Invention Summary of the Draved Description of the Draved Description (s)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS								
- Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets								DS 35		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box										
5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
19. CORRESPONDENCE ADDRESS										
	er Number:	28165		OR [Corresp	ondence	e addre	ess belov	w	
Name	Kristin L. Chapman									
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City	Racine	State WI			Zip Code 53403					
Country	try USA Te			elephone 262-260-2722 Fax 262-3				262-260-4	253	
Name (Print/Type) Kristin L. Chapman Registration No. (Attorney/Agent) 38,102										
Signature	Signature Kristin I. Chapman Date 1/25.03									

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* Reissue claims in excess of 20

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594

and over original patent

SUBTOTAL (2)

**or number previously païd, if greater; For Reissues, see above

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	FEE TRANSMITTA			Control number								
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		Filing Date				November 26, 2003						
E	_	First Named Invent			entor	Robert R. Turvey						
	·	Examiner Name				ROBETT A. THEVEY						
Ap _l	•	├ ──	Art Unit									
TOTA		Attorney Docket No. J-3602A										
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Check Credit card Money Other None				FEE CALCULATION (continued)								
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X Deposit Account:			ge Entity Small Entity e Fee Fee Fee Fee Fee Fee Fee Fee Fee F									
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Name The Director is authorized to: (check all that apply)			130	1053	130		glish specification					
X Charge fee(s) indicated below X Credit any overpayments			2,520				g a request for ex parte reexamination					
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to the above-identified deposit account.			110	I		Examin	er action	├I				
FEE CALCULATION			420	2251 2252			on for reply within first month	├── ┤				
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Code (\$) 1001 770	Code (\$) 2001 385 Utility filing fee	1255		2255			on for reply within fifth month					
1002 340	2002 170 Design filing fee 770	1401	330	2401			of Appeal					
1003 530	2003 .265 Plant filing fee	1402	330	2402			brief in support of an appeal					
1004 770	2004 385 Reissue filing fee	1403	290	2403			for oral hearing					
1005 160	2005 80 Provisional filing fee	1451	1,510	1451			to institute a public use proceeding	——— I				
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Z. EXTRA	CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501			sue fee (or reissue)					
Total Claims	Extra Claims below Fee Paid 53 -20** = 33 × 18 = 504	1502	480	2502			ssue fee					
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Large Entity	Small Entity	1807	50	1807			ing fee under 37 CFR 1.17(q)					
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Code (\$) 1202 18	Code (\$) 2202 9 Claims in excess of 20	8021	40	8021	40 R	recordin roperty	g each patent assignment per (times number of properties)					
1201 86		1809	770	2809	385 F	iling a s	ubmission after final rejection					
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1204 86	2204 43 ** Reissue independent claims		l		e	xamine	d (37 CFR 1.129(b))					
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SUBMITTED BY				(Complete	(if applicable))
Name (Print/Type)	Kristin L. Chapman	Registration No. (Attorney/Agent)	38,102	Telephone	262-260-2722
Signature	Krestia L. Chapm			Date	11.25.03

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*Reduced by Basic Filing Fee Paid

Other fee (specify)

900 Request for expedited examination

SUBTOTAL (3)

of a design application

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November 26 , 2003

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(PERSON MAILING PAPER)

Date: November 26, 2003

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